

A collage of images featuring Black women wearing face masks. The masks vary in style, including a red mask with green and black patterns, a white surgical mask, and a mask with a colorful geometric design. The women are shown in various settings, some in medical or clinical environments, and others in more casual or cultural contexts. The collage is composed of several torn-edge photographs pasted onto a white background.

## AUTHOR



**Nana Nyama Danso** has over four years' experience working with Civil Society Organisations (CSOs) that focus on entrepreneurship, gender issues and women empowerment. She is an advocate for women and children's well-being in West Africa specifically Ghana. She has interest in researching into maternal, child and adolescent health and changing perceptions of people on developmental disabilities. Nana Nyama believes in an equitable society where each individual has opportunities to become their best so they can affect society positively. She looks forward to working with and learning from development partners, other CSOs and stakeholders that work on the child marriage menace in Ghana and Africa. She believes collaborative efforts will help reduce the burden of child marriage on the young mother, child, society and nation as a whole.

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### Edited by

Jimm Chick Fomunjong - Head, Knowledge Management Unit, WACSI

Cedric Christian Ngnaoussi Elongue - Programme Officer, Knowledge Management Unit, WACSI

**Reviewed by:** Tawakalit Kareem, Development Professional

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The WACSeries Op-Eds are thought provoking and intellectually engaging write-ups that provide critical reflections and analysis of issues relevant to civil society and development in West Africa.

### Objectives of WACSeries

- To raise awareness on key issues in West Africa;
- To generate debates and discussions on these issues;
- To proffer recommendations on civil society involvement in advocacy;
- To provide recommendations to policy makers.



# **COVID-19 Pandemic and Adolescent Girls: A West African Perspective**

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## **For more information, write to:**

**West Africa Civil Society Institute (WACSI) No. 9 Bamboo Street, East Legon  
P.O. Box AT 1956, Achimota Accra, Ghana  
Email: [research@wacsi.org](mailto:research@wacsi.org) Tel: +233 (0) 302 550 224**

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To contribute to this publication,  
contact : [research@wacsi.org](mailto:research@wacsi.org)  
+233(0)501440545





## Introduction

These times are not normal times! We are in difficult times! This too shall pass! We are all in this together! These are recurring assuring statements made by governments to citizens to conscientise them on how terrifying the COVID-19<sup>1</sup> threat is to humankind and the need for a resolve to work together to combat this threat.

In December 2019, the World Health Organisation's (WHO) China office heard the first reports of a virus attributed to be the cause of a number of pneumonia cases in Wuhan province of China. On 30 January 2020, the COVID-19 outbreak was declared a public health emergency of international concern. Two months later, the WHO officially declared [Covid-19 outbreak as a pandemic](#).

WHO announced the official name of the disease to be COVID-19. It is Severe Acute Respiratory Syndrome [Coronavirus 2 or Sars-CoV-2](#). Coronaviruses jump from animals to humans. They are a large group of viruses that infect both humans and animals, and in humans, they can cause respiratory illnesses that range from common colds to much more serious infections.

Fever, runny nose, dry cough and sore throat are common symptoms of [COVID-19](#). The virus is mainly spread from person to person. Also, respiratory droplets from an infected person or touching surfaces and objects that have [the virus on it](#), can cause infection.

1. Coronavirus or COVID-19 will be used interchangeably



## 1- Global Statistics

About 185 countries are already facing the brunt of the COVID-19 pandemic. Most cases are imported from elsewhere in the world to various countries. As at 18 April 2020, there are 2,317,759 confirmed cases, recoveries recorded are 592,319 and deaths recorded are [159,510 globally](#).

Some countries with highest-confirmed cases are the United States of America with 732,197 confirmed cases; followed by Spain with 191,726 confirmed cases, Italy with 175,925 confirmed cases, France with 149,149 confirmed cases, Germany with 143,342 confirmed cases, United Kingdom with 115,314 confirmed cases and China where the virus started has [83,787 confirmed cases](#).

During this same period, Africa is menaced with 21,083 confirmed coronavirus cases, 4,951 recovered cases and 1056 confirmed deaths. South Africa has the highest number of confirmed cases at 3,034 followed by Egypt with 3032 confirmed cases, Morocco with 2,685 confirmed cases, Algeria with [2,534 confirmed cases](#).

West Africa (Cameroon inclusive) has recorded about 5,589 cases. Countries with the highest confirmed cases include Cameroon with 1,017 confirmed cases, Ghana with 834 confirmed cases, Cote d'Ivoire with 801, Niger with 639 confirmed cases, Burkina Faso with 565 confirmed cases, Nigeria with 542 and Guinea with 518 confirmed cases.

## 2- COVID-19 and Society

The pandemic has caused great loss to all sectors of nation's economy. The World Bank hypothesized that West Africa's growth "is expected to [deteriorate greatly](#) due to a fall in external demand and domestic production disruptions. COVID-19 is expected to have dire socio-economic consequences on countries, with high unemployment, declining GDP growth, a halt in education at all levels, high mortality amongst others.

Its impact on vulnerable groups in society is unmatched. These people live in abject poverty, conflict and fragile areas, often in overcrowded settings with limited access to sanitation and healthcare. They cannot afford to give up work and barely benefit from subsidised wages or unemployment benefits.

Vulnerable groups also include young people who may struggle even harder to find decent work in a collapsed global and national economy. Women, with no decision-making power are disproportionately represented in healthcare, childcare and vulnerable work. Other marginalised groups include adolescent girls and boys, who may not be able to access the resources they need for their [wellbeing](#).

To avert untold disasters, as was the case of the [Ebola outbreak](#), national governments in most countries have announced a raft of measures to curb the spread of the virus. These include personal hygiene measures such as washing of hands, covering the mouth when coughing, wearing of face masks always or in public spaces. Other measures include school closures, travel restrictions, closure of religious sites, bans on large gatherings, a decrease in the number of people in public transport, partial closure of markets among others. These measures have now become the norm in many West African countries.



For instance, on 30 March, the President of Nigeria imposed a total lockdown in Lagos and Abuja. In Ghana, the President announced a two-week partial lockdown of Accra and Tema in the Greater Accra Region, Kasa in the Central Region and Kumasi in the Ashanti Region, which took [effect on 30 March](#).

Côte d'Ivoire and Senegal declared states of emergency. Travelling was banned from the commercial capital Abidjan to the rest of the country and a 9:00 pm to 5:00 am curfew was instituted. The president of Senegal on the other hand declared a state of emergency throughout the national territory and a curfew [from 8:00 pm to 6:00 am](#). Mali and Burkina Faso also imposed a night-time curfew across their entire countries. Sierra Leone was under a [three-day lockdown](#).

To prevent the adverse effect of these restrictions on business and vulnerable groups in the nation, most national governments have added a human face to these impositions by providing some relief packages for vulnerable people in vulnerable communities and huge funds for businesses.

Burkina Faso announced a 394 billion CFA emergency plan. The government of Senegal allocated 69 billion CFA for food distribution and has created the "Force COVID-19" fund, endowed with 1000 billion CFA. The government of Ghana allocated 1 billion cedis to households and businesses to address the disruptions in their socio-economic activities. In addition, the government will absorb three months of water bills, electricity bills for the very poor with a 50 per cent slash for [other consumers](#). Nigeria promised conditional cash transfers to the country's most vulnerable and a [500-billion-naira corona-fund](#).

With all these efforts by national governments, peculiar attention needs to be given to the plight of vulnerable adolescent youth during this pandemic. Policies and essential services to support adolescent girls have not been cited in the national response plans to combat COVID-19. These groups of adolescents have diverse experiences and distinct vulnerabilities, which burdens their lives. To overlook their predicament in this pandemic has countless consequences for West African countries.

### 3- COVID-19 and Adolescent Girls in West Africa

Amidst the COVID-19 outbreak, daily life has changed and will continue to change for a long time. Adolescent girls are faced with significant adjustments to their routines, which may interfere with their sense of security<sup>1</sup>, physical and emotional well-being. These girls may worry about their own safety and the safety of their loved ones, how their families can cope and meet their basic needs and uncertainties for the future (example: when will school resume).

Some adolescent girls may face extreme emotional challenges. For example, during the partial lockdown in Ghana, a young girl defied the lockdown order to travel some 20 kilometres from Odorkor Tipper to Madina to visit her boyfriend. Even though it was reported that family hardship may have caused her to leave home, this case shows the young person's need for love and [social interaction](#). It was this need which caused her to defy the mandatory home confinement, disregard her safety and travel about 20 kilometres to visit her boyfriend.

Also, after the president of Ghana lifted the partial lockdown in his address on 19 April 2020; a grandmother shared how her granddaughter left the house in the evening and no one knew her whereabouts. The grandmother received a call the next day that her granddaughter was in Kumasi with her mother. This points out clearly that some adolescent girls are not able to cope with the stress and anxiety when they are kept in a quarantine for long<sup>2</sup>.

Evidence from past crises and natural disasters suggests that confinement measures often lead to increased or first-time violence against women and children. It was reported that amidst school closures during the West African Ebola epidemic, rates of child labour, neglect, sexual abuse, and adolescent pregnancies spiked, and many girls never [returned to school](#).

Data from the Ebola outbreak in West Africa in 2014-15 shows that women and girls experienced higher rates of sexual violence and abuse during the outbreak than in the preceding years (UNDP, 2015)<sup>3</sup>. The cancellation of social events (e.g. gaming, festivals) and the closure of social spaces (churches, mosques), combined with the closure of schools and the strict enforcement of

1. Bartlett, J. D., Griffin, J., and Thomson, D. (2020). Resources for Supporting Children's Emotional Well-being during the COVID-

2. This information was given by a parent on the platform

3. United Nations Development Programme (2015) Socio-Economic Impact of Ebola Virus Disease in West African Countries. A call for national and regional containment, recovery and prevention

quarantine measures, often accelerate frustrations, triggering a surge in cases of rape and violence which are not limited to the household.

Furthermore, studies on the consequences of the Ebola crisis in Sierra Leone show that a significant number of girls who had lost relatives to the virus were forced into transactional sex to cover their basic daily needs, including food ([Risso-Gill and Finnegan, 2015](#)).

It is therefore evident that the emergence of pandemics affects women, men, girls and boys differently. However, adolescent girls are affected greatly during crises. Their education is cut; they are likely to be exposed to health risks, violence and abuse, promiscuous lifestyles, burdened with care and house duties amongst others. Hence, such threats to the socio-economic wellbeing of adolescent girls in West Africa need to be addressed with utmost caution and attention to ensure that the post-COVID-19 effects are not disastrous for adolescent girls in the region.

## 3.1- Effects COVID-19 on Adolescent Girls

With the aid of the [Google Forms](#) and leveraging on WhatsApp platforms, views of youth from Young African Leaders Initiative<sup>1</sup> Cohort 4 and YALI Ghana RLC Alumni WhatsApp platforms were sought to find the effects of COVID-19 pandemic on adolescent girls in West Africa. The objective was to seek from them what civil society organisations (CSOs) can do to reverse the negative impact of the pandemic on the adolescent girls.

Thirty-five youths responded to the survey. Ghana had 24 respondents, followed by Nigeria and Cote d'Ivoire with 3 respondents each, The Gambia, Sierra Leone, Cameroon and Guinea with 1 respondent each and one respondent from South Africa. All representatives from various countries mentioned their countries had gone through some form of partial lockdown. Respondents from Nigeria mentioned they were in total lockdown. These respondents may be living in Lagos and Abuja where the President imposed a total lockdown in the two cities. All respondents mentioned the pandemic has affected their livelihoods, businesses, social interactions and their country's health system is overburdened.

1. Launched in 2014, the Mandela Washington Fellowship is YALI's flagship program. It brings up to 1,000 African civic, business and community leaders aged 25–35 for six weeks of academic coursework, leadership training and networking at U.S. universities.

Respondents mentioned COVID-19 would affect adolescent girls in varied ways, which are explained below.

### • Decreased socialisation and psychological challenges

Adolescent girls are at a stage in their lives where they experience a range of emotions at different degrees. In this period of COVID-19, they are anxious; worried with limited information about the pandemic especially for vulnerable ones whose means of information may be from their friends they now cannot reach. They may also be worried about the health of the elderly in their household. Their inability to go to social places like the church, mosques, community dance (Bosoe<sup>2</sup>) may affect their mental health due to the monotonous lifestyle. When adolescent girls find themselves confined and performing routine tasks over a long period, they may retaliate against their parents' orders to stay home.

### • Increase in violence, abuse and insecurity issues

It has been recorded that there are more cases of domestic violence and abuse in times of crisis. When Ebola spread throughout West Africa, women and young girls were vulnerable to sexual coercion, domestic and [sexual violence](#). Scarcity in the home will lead parents and some family members to abuse their adolescent daughter. The pressure to provide for their families and their inability to do so will cause stress, which could be meted out to adolescent girls who demand for their basic needs. With the closure of schools, adolescent girls are in homes with their abusers (family members, peers) who will have unhindered access to them. According to a report by RAINN, 93 percent of juvenile victims knew the perpetrator who are either their acquaintance or [family members](#).

### • Increase in social vices

In countries where the lockdown has been lifted, most parents will resume work and leave adolescent girls and other sibling home since schools are still closed. This offers opportunities for adolescent girls to indulge in social vices. Some may fall into social vices due to lack and others for the adventure. Some adolescent girls surfing the internet may explore sites and watch television for long hours, which may get them involved in online prostitution, begging, pornography and masturbation. For instance, school closure in Sierra Leone during the Ebola crisis gave adolescent girls more free time, which resulted in an increase in adolescent pregnancy. About 10,000 girls were reported to be pregnant after [the Ebola epidemic](#).

2. Bosoe is a Ghanaian term for a community dance

## • Increase in house burden and care work

Vulnerable adolescent girls will be encumbered with enormous household and care work. This will limit their time to engage in productive activities like studying or learning a skill. According to a report released by UNICEF during International Day of the Girl in 2016, girls between five and fourteen years old spend 40 per cent more time, or 160 million more hours a day, on unpaid household chores and collecting water and firewood compared to boys their age. As girls grow older, they spend more time each day on household chores. Burkina Faso is one of the countries where girls between 10 and 14 years old bear the most disproportionate burden of household chores. In this period of COVID-19, adolescent girls will be burdened with household and care work, which will limit their opportunities to learn, grow and enjoy their childhood.

## • Limited access to basic services (health care, nutrition water and sanitation)

Some vulnerable adolescent girls from poor homes rely on meals and water provided in schools. These girls also receive toiletries from school, which they use for their basic hygiene. With no school in place and partial lockdown in most West Africa countries, they no longer have access to these meals and toiletries. Even in countries where governments have absorbed cost for basic services, access to water may be challenging for adolescent girls and their family who may not have water at home and may have to form long queues to get free water in the community. The health and safety of these adolescent girls are compromised in these instances.

## • Reduced access to education

UNESCO estimates that over 89 per cent of students are currently out of school because of COVID-19 pandemic. This represents 1.54 billion children and youth enrolled in school or university, including nearly 743 million girls. Over 111 million of these girls are living in the world's least developed countries where getting an education is [already a struggle](#).

130 million girls between the age of 6 and 17 are out of school and 15 million girls of primary-school age; half of them in sub-Saharan Africa will never enter a classroom. Studies consistently reinforce that girls who face multiple disadvantages such as low family income, living in remote or undeserved locations, disabled, or

belonging to a minority ethno-linguistic group are farthest behind in terms of access to and [completion of education](#).

With the advent of COVID-19 pandemic, education has been affected globally at all levels; there is a possibility that gains made to keep adolescent girls in schools over the years will drop adversely and exacerbate the gender gap in education. In countries like Mali and Niger, adolescent girls' education will be hard hit as these countries have some of the lowest girls' enrollment and completion rates in the West African Region and are faced with extreme poverty, economic crisis and gender disparities in education. Even with distance and digital learning opportunities, adolescent girls in rural communities cannot access these opportunities. Adolescent girls' learning at home is limited.

The closure of schools will lead to increased adolescent pregnancy, as was the case in Sierra Leone where 65 per cent adolescent girls got pregnant in some communities during the Ebola crisis. According to [Risso-Gill and Finnegan \(2015\)](#), most girls reported that increase in adolescent pregnancy was a direct result of being outside the protective environment provided by schools.

Closure of schools will also limit adolescent girls' access to information on their sexual and reproductive health rights (SRHR) and services. Adolescent girls who rely on information in school and school clubs for SRHR and its services will be handicapped.







#### 4- CSOs' Contribution to Mitigate the Impact of COVID-19 on Adolescent Girls in West Africa

CSOs are non-state, not-for-profit, voluntary entities formed by people in the social sphere that are separate from the state and the market. They include community-based organisations as well as [non-governmental organisations \(NGOs\)](#). There is an influx of CSOs operating in all West African countries with the aim of developing and building resilience in communities and amongst the vulnerable.

COVID-19 pandemic is taking a toll on all national governments in West Africa. Tremendous efforts and resources are being put in place by national governments to limit the spread of the COVID-19 virus and to mitigate its economic impact. COVID-19 has taken centre stage in all government dealings and have relegated other pressing national issues to the background.

The role of CSOs has become necessary in providing the needed support to vulnerable individuals who may face a magnitude of challenges in the face of this pandemic. This effort would have been easy if there was a broad consultation between national governments and CSOs in West Africa.

Even without consultations, CSOs have a role to play to reverse the negative social impact of the pandemic on adolescent girls. Respondents in the study stated specific

roles CSOs can play to reverse any havoc from the pandemic on the adolescent girl which are discussed below.

- **Provide more community education and sensitisation on the pandemic**

Responses from citizens on their knowledge about coronavirus shows that education has not been sufficiently widespread. People still hold on to myths [about the virus](#). Some believe the virus cannot affect Africans due to the hot temperature while others believe alcohol can kill the virus. Some hold onto the notion that the virus only infects the elite class and for others the virus is either a curse or witchcraft. There is a need for more continuous education.

Given that CSOs reach out more to communities, hence, can have more access to adolescent girls, they can move from house to house educating the adolescent girls and by extension their family members on the pandemic. Education should be done in their local languages. CSOs are more able to engage adolescent girls, give them the right information and practically teach them some precautionary measures using community information centres. CSOs must simplify the COVID-19 prevention protocols; social distancing, wearing of facemask, regular washing of hands with soap under running water

and the use of hand sanitisers. When adolescent girls are empowered with the right information, they can become 'change agents' in their communities, encouraging people to observe the protocols. During the home visit and interactions, CSOs can share information on adolescent SRHR and menstrual hygiene which adolescent girls may not have access to at home.

## • Create a CSOs response fund

CSOs working in communities have data on the number of deprived communities and adolescent girls who may need support during this period. CSOs in each of the West African countries can come together and create a CSOs Response Fund where CSOs in each country donate an amount of money to support the vulnerable. Monies accrued should be used to buy basic food supplies and toiletries (sanitary pads) for communities and adolescent girls. CSOs can work with tailors and seamstress in all communities to provide World Health Organisation (WHO) approved facemasks for the people. This will provide a source of income for the tailors and seamstress in the community. In Ghana for example, the CSOs platform on the Sustainable development Goals has created a fund – dubbed the CSO COVID-19 Response Fund - with a target of 200,000 Ghana cedi from which 111,962.62<sup>1</sup> had been raised from CSOs and Ghanaian individual donors by 27 April 2020. These funds are to be used to provide relief for vulnerable Ghanaians including the aged, widows, street children, persons with disabilities and those with mental health issues.

## • Provide counselling services for adolescent who have been abused

There is no readily available data to show the rate of violence and abuse on adolescent in most West African Countries. Unavailability of data does not negate the incidence of violence and abuse against adolescent girls at home. It will be beneficial for CSOs working on violence and abuse to engage 'watch men' in the community who can report to them incidence of violence and abuse. CSOs can leverage on information centres to provide digitised counseling services for youth. During these interactions on radio, help lines and hotlines can be aired so adolescent girls can call anytime they feel they are in danger. Where possible, these 'watch men' should be provided with mobile phones so connecting with CSOs is easy. CSOs can also pay random visits to communities with

high incidence of violence and abuse. During house-to-house visits, counseling sessions can take place. When people see representatives of CSOs around they become conscious of their presence, which may put fear in the likely perpetrators.

## • Provide shelter and safe space services for vulnerable adolescent girls

Most West African countries do not have shelters for people who are abused. If there are, they may be inadequate and cannot serve the overall need of country. CSOs should work with government and private sector to provide shelters for adolescent girls, which will serve as refuge from abuse. Nigeria has some shelters. Ghana has only one shelter<sup>2</sup> located in the regional capital. More safe spaces and shelters need to be established in all regional/provincial capitals in every West African country. Safe spaces in communities can help adolescent girls freely talk about challenges and distresses they face at home. They will receive right information from experts on the right thing to do.

## • Provide educational programmes for adolescent girls in communities

CSOs should leverage on community teachers in each community to continue with the academic calendar for adolescents in the community. Using community information centres, educational programmes can be scheduled for adolescents to take part in the training sessions on air since most people in rural communities have access to the radio. This will be a way to provide educational assistance for adolescent girls in hard to reach communities. Most West African countries have adopted digitised distance learning methods in delivering educational services for students at home. However, due to limited access and unaffordability of internet, many adolescent girls cannot benefit from this innovative approach.

Authorities in Liberia during this COVID-19 season have launched a radio schooling initiative to bridge the education gap. 32 stations in Liberia now broadcast several prerecorded lessons a day, each lasting half an hour, catering for different educational levels. There are other classes by private education providers, which manage a network of some 140 schools in Liberia and Sierra Leone. Internet connectivity is unavailable for much of Liberia's rural population; hence, radio schooling initiative was ad-

1. The fund was launched on 30 March 2020. Information was gathered from press statements issued by the Ghana CSOs platform on SDGs 9 April and 27 April 2020.

2. The Government of Ghana has set up a shelter in the capital city, which has already received a few clients.



opted. Other West African countries can adopt the radio schooling initiatives, which will fill the access gap created by the digitised distance [learning methods](#). In Cameroon, lessons were delivered to students and pupils in examination classes via the national television. CSOs can also engage adolescent girls in creative activities, teach them new skills and encourage communities that have access to internet services to embrace technology; and most importantly, to use it for learning and self-empowerment purposes.

## • Promote and safeguard the rights of adolescent girls

CSOs should work closely with parents and community leaders to safeguard the rights of adolescent girls. Parents should talk to their children; befriend them so they are able to share their challenges with them. When adolescent girls know their parents value them, they easily open up to them. Parents should try to provide for their adolescent girls and in cases they do not have, they should inspire

hope in their children that they are doing their best to meet their needs. Community Leaders must be empowered by CSOs to protect child rights in the community. They should speak up against any form of violence and make sure perpetrators face the full rigour of the law.

## • Train adolescents to cope with the aftermath of the COVID-19 pandemic.

The consequences of every pandemic can be challenging for adolescent girls who may have to readjust again to the normal lifestyle after the pandemic. CSOs must build the capacity of adolescent girls to deal with the aftereffects of the pandemic. Before schools resume and social gatherings are reinstated, amongst others, adolescent girls should be trained on courses like time management, personal productivity skills, developing business strategies. Adolescent girls who want to start a business will have to receive training from CSOs that focus on entrepreneurship.

## • Find specific needs of adolescent girls

The government in their bid to implement policies for adolescent girls to mitigate the effects of COVID-19 period must work with CSOs to find the specific needs of adolescent girls. Adolescent girls should be allowed to speak for themselves and say what they want in any policy or recovery plan for them. This will prevent a one-size fits all policy or a top-down policy development and implementation in response to the plights of adolescent girls, which may not holistically reflect and respond to their needs.

## • Educate the population against stigmatisation

CSOs should educate communities on the effects of stigmatising people who have recovered from the pandemic and health workers who care for people infected with the virus. Such education should raise awareness on the need not to stigmatise adolescent girls who lost their parent(s) to COVID-19 or, whose parents or relatives were infected by the virus. Stigmatisation can cause people to hide their status and cause them not to seek medical care. Survivors who are stigmatised may also lose their self-worth. CSOs must educate communities on accepting people who have recovered from the pandemic and people who care for those infected.





## Conclusion

The COVID-19 pandemic affects adolescent girls in numerous ways. The resulting quarantine measures and/or lockdowns in various countries has led many citizens to spend more time at home. Consequently, most adolescent girls are now confined to their homes with their abusers. The extent of available free time and unrestricted access to the internet, which most will need for e-learning, can also occasion some adolescent girls to indulge in social vices. The adolescent girl has also often borne the burden of household chores and care work. The opportunity of free time will undoubtedly increase this burden which often limits their chances to learn, grow and enjoy their childhood.

The influence and work of CSOs is thus most critical and deserving both, during the pandemic and after. CSOs have a role to play to reverse the negative social impact of the pandemic on adolescent girls.

It is recommended that CSOs should provide more community education and sensitisation on the pandemic. A creation of a CSO response fund is a step towards augmenting government's efforts during this period. Again, CSO's by their direct contact with the communities they are involved in could help provide counselling services and shelter for adolescent who have been abused.

These amongst the others listed above can become practical measures expressed by CSOs in the fight to improve the lives of adolescent girls. It is true that the impact on adolescent girls' education will be detrimental if practical measures are not put in place to curb the gap. While not being in the protective school environment, girls are exposed to harmful practices. There is a need for governments in all West African countries to engage CSOs strategically to meet the needs of adolescent girls, which will likely revert possible negative effects of the pandemic on them.

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